

L12000101200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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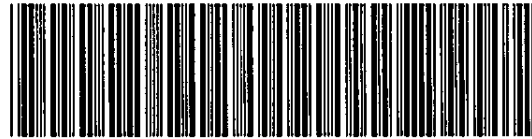
(Business Entity Name)

(Document Number)

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December 4, 2017

Registration Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Statement of Authority - Ustin's LLC

Dear Division of Corporation:

Please record the enclosed Statement of Authority.

Total Fee check#101771 \$ 25.00

Very truly yours,

*Alisa Kiker*  
Alisa Kiker  
Real Estate Closer

/ak  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ustin's LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dustin M. Reeves

\_\_\_\_\_  
Name of Person

Ustin's LLC

\_\_\_\_\_  
Firm/Company

1150 Ft. Pickens Road, A6

\_\_\_\_\_  
Address

Pensacola Beach, Florida 32561

\_\_\_\_\_  
City/State and Zip Code

dustinupsiderealty@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Reeves

at ( 850 ) 255-1655

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: Ustin's LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000101200

**THIRD:** The street address of the limited liability company's principal office is:

1150 Ft. Pickens Road, A6

Pensacola Beach, Florida 32561

The mailing address of the limited liability company's principal office is:

1150 Ft. Pickens Road, A6

Pensacola Beach, Florida 32561

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TALLAHASSEE, FLORIDA

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Dustin Reeves

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Dustin Reeves

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

Dustin Reeves

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)